Minimally invasive approach for excision of giant Left Atrial myxoma

Dr. Sushan Mukhopadhyay, Dr. Tamashis Mukherjee

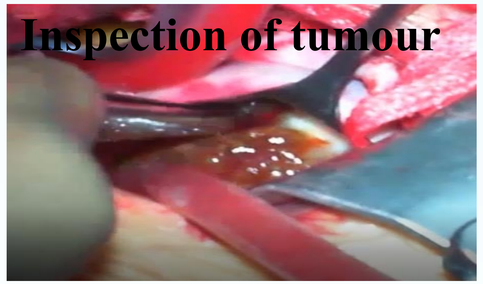
Apollo Gleneagles Hospital, Kolkata, India

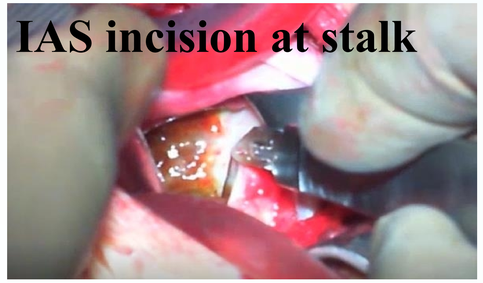
Introduction

Minimally invasive valve surgery is a routine practice in our center. We have extended our experience to access the cardiac chambers for excision of cardiac masses. We present a rare case of a giant Left Atrial myxoma with rheumatic mitral regurgitation. LA myxoma excision with Mitral valve replacement was performed through a right anterior mini thoracotomy approach. Non-sternotomy access has yielded superior post-operative outcome.

Methodology





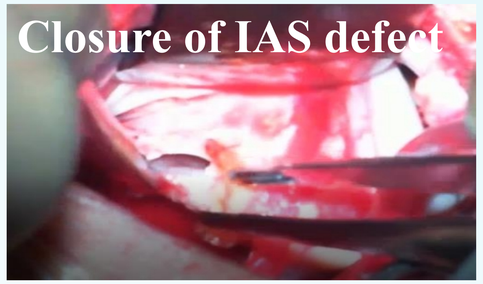


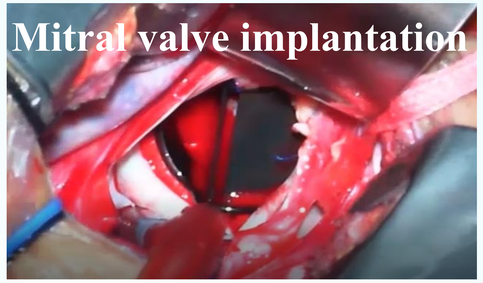
1. Incision: A 5cm right subareolar incision was made and the chest entered through the 4th intercostal space

2. Cannulation: Right Internal Jugular vein cannulated percutaneously at the time of induction of anaesthesia. Femoral vessels exposed with a 2 cm transverse incision on right groin. Femoral artery and vein cannulated. Aorta crossclamped with a Chitwood clamp though the 2nd Intercostal space and heart arrested with antegrade root cardioplegia.

3. Approach: LA opened posterior to the Sondergaard's groove. Myxoma excised in pieces along with a part of Inter-atrial septum. The defect in the septum closed directly. Mitral valve replaced with a mechanical valve in a continuous suturing technique.







Results

The entire myxoma was excied with no residual tumour.

Conclusion

Minimally invasive approach to the Left Atrium gives adequate exposure to the LA chamber, the Inter-atrial septum and the mitral valve. A giant LA myxoma(6x5cm) could be conveniently excised. Continuous suturing technique for mitral valve replacement is routinely practised in our unit in Minimally invasive approach.